2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2006 08:00 AM DOCUMENT # L68859 Secretary of State 1. Entity Name ABYSS AIR CONDITIONING AND HEATING INCORPORATED Mailing Address Principal Place of Business % DEBORAH LYUBLANOVITS % DEBORAH LYUBLANOVITS 604 46TH AVENUE N. 604 46TH AVENUE N. ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 59-3024994 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LYUBLANOVITS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 604 46TH AVENUE NORTH ST. PETERSBURG FL 33703 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May B After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. TI Addition ☐ Change Delete TITLE TITLE NAME LYUBLANOVITS, MICHAEL C. NAME 000000413462 STREET ADDRESS STREET ADDRESS 604 46TH AVENUE NORTH 02/10/06-80088-023 150.00 CITY-ST-ZIP ST. PETERSBURG FL CITY ST-702 ☐ Change Aritiin Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-71P Change ☐ Addiii TITLE TITLE ☐ Defete NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Addr. Change Delete DZLE IME MAME NAME STREET ADDRESS STREET ADDRESS CITY-57-21P CITY -ST-ZIP Change Change ☐ A. "" Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST- ZIP ☐ Change ☐ Add** Delete TITLE DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or direction the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an address, with all other like empowered.

FILED

1/29/06

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